

# **FIRE DEPARTMENT FUEL AND EQUIPMENT REPAIR REIMBURSEMENT REQUEST**

## **GOVERNOR'S EMERGENCY DECLARATION #2007-13**

**NAME & LOCATION OF FIRE:**

**DATE & TIME OF FIRE:**

**ENTITY REQUESTING REIMBURSEMENT:**

AGENCY:

FIRE DEPT POINT OF CONTACT:

ADDRESS:

PHONE NUMBER(S):

**ENTITY RECEIVING PAYMENT:**

AGENCY:

POINT OF CONTACT:

ADDRESS:

PHONE NUMBER(S):

Note: Enclosed W-9 Form

**NUMBER OF FIRE UNITS RESPONDING:**

**MUTUAL AID FIRE UNITS RESPONDING:**

**ARE THESE COSTS BEING REIMBURSED FROM ANOTHER SOURCE? IF SO WHO?**

**ITEMIZE DEPARTMENT'S SERVICES, COSTS, AND DAMAGES INCURRED FROM THE  
INCIDENT IN A SEPARATE ATTACHMENT (must include receipts):**

**DID YOU REQUEST A SEAT DROP FROM THE DIVISION OF WILDLAND FIRE  
SUPPRESSION (WFS)? YES\_\_\_\_\_ NO\_\_\_\_\_**

If yes we will obtain billing directly from WFS.

**DID YOU REQUEST GROUND ASSISTANCE FROM WFS? YES\_\_\_\_\_ NO\_\_\_\_\_**

**TOTAL AMOUNT OF CLAIM: \$\_\_\_\_\_**(State will pay 100% of SEAT costs and State approved ground assistance costs. State will pay 90% of fuel and fire apparatus repair costs)

**DOCUMENTATION IN THE FORM OF RECEIPTS OR INVOICES MUST BE ATTACHED. FIRE DEPARTMENTS  
ARE EXPECTED TO FRONT THE COSTS OF FUEL AND REPAIRS AND THEN REQUEST REIMBURSEMENT.**

**INCIDENT COMMANDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**FIRE CHIEF SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_**

**I certify all responders are trained in NIMS ICS-100, ICS-200, IS-700 incident command classes. This is a NIMS requirement that was due on Sept. 30<sup>th</sup>, 2006. (Contact your local Emergency Manager for information on these qualifications.)**

Mail completed form to:  
SD Office of Emergency Management  
118 West Capitol Ave.  
Pierre, SD 57501